



General Assembly

January Session, 2005

***Raised Bill No. 1333***

LCO No. 4661

\*04661\_\_\_\_\_PH\_\*

Referred to Committee on Public Health

Introduced by:  
(PH)

***AN ACT CONCERNING MEDICAL MALPRACTICE REFORM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (NEW) (*Effective from passage*) The Chief Court  
2       Administrator shall establish in one or more court locations a docket  
3       separate from other civil matters for the hearing of matters involving  
4       personal injury or wrongful death allegedly caused by the negligence  
5       of a health care provider, as defined in section 52-184b of the general  
6       statutes, in the medical diagnosis, care or treatment of a claimant. All  
7       such civil matters shall be placed on such docket. One or more judges  
8       shall be assigned exclusively to such docket and shall have training or  
9       expertise in such matters.

10       Sec. 2. (NEW) (*Effective from passage*) (a) There is established within  
11       the Judicial Department a Pretrial Medical Screening Panel which shall  
12       consist of ten members selected by the Chief Court Administrator from  
13       names supplied by professional societies or associations that represent  
14       health care providers in this state and the Connecticut Bar Association.  
15       This panel may be added to whenever the need arises by requesting  
16       further names from any such society or association. Members of the  
17       panel shall serve for a term of four years and may be removed for

18 good cause. Members shall receive \_\_\_\_ dollars per day for each day  
 19 they are engaged in the business of the screening panel and shall be  
 20 reimbursed for necessary expenses incurred in the performance of their  
 21 duties. The Judicial Department may designate an employee of the  
 22 department to administer the operation of and maintain the records for  
 23 the screening panel.

24 (b) In any action to recover damages resulting from personal injury  
 25 or wrongful death filed on or after the effective date of this section,  
 26 whether in tort or contract, arising out of the negligence of a health  
 27 care provider, as defined in section 52-184b of the general statutes, in  
 28 the medical diagnosis, care or treatment of a claimant, the court in  
 29 which the action is brought may order that the action be referred to the  
 30 Pretrial Medical Screening Panel established pursuant to subsection (a)  
 31 of this section for review prior to trial.

32 (c) Not later than seven days after such referral, the plaintiff and the  
 33 defendant may each identify up to three panel members who shall be  
 34 disqualified from serving on the screening panel for the matter under  
 35 consideration. The judge may select any three of the remaining  
 36 members of the screening panel to review the allegations of the  
 37 complaint and make a finding as to whether the conduct of the  
 38 defendant breached the standard of care. Upon completion of its  
 39 review, the screening panel shall issue a written report of its findings  
 40 to the clerk of the court, who shall forward a copy of the same to the  
 41 parties. The finding shall be admissible in evidence at any subsequent  
 42 trial of the issues. The trier, whether court or jury, shall determine  
 43 what if any weight should be afforded the finding. The finding shall  
 44 speak for itself and no member of the panel shall be subject to  
 45 subpoena or required to testify regarding the same. Any explanation of  
 46 the finding shall be at the discretion of the trial judge.

47 Sec. 3. Section 52-190a of the general statutes is repealed and the  
 48 following is substituted in lieu thereof (*Effective from passage and*  
 49 *applicable to actions filed on or after said date*):

50 (a) No civil action shall be filed to recover damages resulting from  
51 personal injury or wrongful death occurring on or after October 1,  
52 1987, whether in tort or in contract, in which it is alleged that such  
53 injury or death resulted from the negligence of a health care provider,  
54 unless the attorney or party filing the action has [made a reasonable  
55 inquiry as permitted by the circumstances to determine] obtained a  
56 written opinion in accordance with subsection (b) of this section that  
57 there are grounds for a good faith belief that there has been negligence  
58 in the care or treatment of the claimant and that the claimant has been  
59 injured by such negligence. The written opinion shall be included with  
60 the complaint or initial pleading [shall contain a certificate of the  
61 attorney or party filing the action that such reasonable inquiry gave  
62 rise to a good faith belief that grounds exist for an action against each  
63 named defendant. For the purposes of this section, such good faith  
64 may be shown to exist if the claimant or his attorney has received a  
65 written opinion, which shall not be subject to discovery by any party  
66 except for questioning the validity of the certificate, of a similar health  
67 care provider, as defined in section 52-184c, which similar health care  
68 provider shall be selected pursuant to the provisions of said section,  
69 that there appears to be evidence of medical negligence. In addition to  
70 such written opinion, the court may consider other factors with regard  
71 to the existence of good faith. If the court determines, after the  
72 completion of discovery, that such certificate was not made in good  
73 faith and that no justiciable issue was presented against a health care  
74 provider that fully cooperated in providing informal discovery, the  
75 court upon motion or upon its own initiative shall impose upon the  
76 person who signed such certificate or a represented party, or both, an  
77 appropriate sanction which may include an order to pay to the other  
78 party or parties the amount of the reasonable expenses incurred  
79 because of the filing of the pleading, motion or other paper, including  
80 a reasonable attorney's fee. The court may also submit the matter to the  
81 appropriate authority for disciplinary review of the attorney if the  
82 claimant's attorney submitted the certificate] or the action shall be  
83 subject to immediate dismissal pursuant to subsection (d) of this

84 section.

85 (b) The written opinion required by subsection (a) of this section  
86 shall be obtained from and signed by a similar health care provider, as  
87 defined in section 52-184c, who practices in the same specialty as the  
88 health care provider alleged to be negligent and is licensed in this  
89 state.

90 ~~[(b)]~~ (c) Upon petition to the clerk of the court where the action will  
91 be filed, an automatic ninety-day extension of the statute of limitations  
92 shall be granted to allow the [reasonable inquiry] attorney or party  
93 filing the action to obtain the written opinion required by subsection  
94 (a) of this section. [This period] Said ninety-day extension shall be in  
95 addition to other tolling periods.

96 (d) Failure to obtain and file the written opinion required by  
97 subsection (a) of this section shall be grounds for immediate dismissal  
98 of the action to recover damages that alleges that injury or death  
99 resulted from the negligence of a health care provider.

100 Sec. 4. (NEW) *(Effective from passage and applicable to actions filed on or*  
101 *after said date)* (a) For the purposes of this section:

102 (1) "Licensed health care provider" means any health care institution  
103 licensed pursuant to the provisions of chapter 368v of the general  
104 statutes or any individual provider of health care licensed pursuant to  
105 the provisions of chapters 370 to 373, inclusive, 375 to 383c, inclusive,  
106 or chapter 400j of the general statutes;

107 (2) "Health care services" means acts of diagnosis, treatment,  
108 medical evaluation or advice or such other acts as may be permissible  
109 under the health care licensing statutes of this state;

110 (3) "Collateral sources" means "collateral sources", as defined in  
111 section 52-225b of the general statutes.

112 (b) In any action to recover damages resulting from personal injury

113 or wrongful death, whether in tort or contract, in which it is alleged  
114 that such injury or death resulted from the professional negligence of a  
115 licensed health care provider in the provision of health care services,  
116 any party may introduce evidence of collateral source benefits. If a  
117 party elects to introduce such evidence, any opposing party may  
118 introduce evidence of any amount paid or contributed in the future by  
119 or on behalf of such opposing party to secure the right to such  
120 collateral source benefits. This section shall apply to any such action  
121 that is settled or that is resolved by a trier of fact.

122 Sec. 5. Subsection (a) of section 52-225d of the general statutes is  
123 repealed and the following is substituted in lieu thereof (*Effective from*  
124 *passage*):

125 (a) In any civil action wherein the claimant seeks to recover  
126 damages resulting from personal injury, wrongful death or damage to  
127 property [occurring on or after October 1, 1987] filed on or after the  
128 effective date of this section, and wherein liability is admitted or  
129 determined by the trier of fact, the court shall proceed to enter  
130 judgment as follows: (1) The trier of fact shall make separate findings  
131 for each claimant specifying the amount of any economic damages and  
132 noneconomic damages, as defined in subsection (a) of section 52-572h.  
133 (2) The court shall take into account any applicable findings made by  
134 the court or jury and shall specify for each claimant the amount of  
135 recoverable economic damages and recoverable noneconomic  
136 damages, as defined in subsection (a) of section 52-572h. (3) The court  
137 shall enter judgment in a lump sum for all such recoverable economic  
138 damages and recoverable noneconomic damages up to an aggregate of  
139 two hundred thousand dollars. If the amount of such damages  
140 remaining is in excess of two hundred thousand dollars, except as  
141 provided in subsection (i) of this section, the court shall provide the  
142 parties sixty days to negotiate and consent to an agreement to be  
143 incorporated into an amended judgment to provide for the payment of  
144 all such damages remaining in excess of two hundred thousand dollars  
145 in a lump sum or in periodic installment payments or in any

146 combination thereof without regard to the provisions of this section.

147 Sec. 6. Section 52-225d of the general statutes is amended by adding  
148 subsection (i) as follows (*Effective from passage*):

149 (NEW) (i) (1) For the purposes of this subsection:

150 (A) "Health care provider" means any health care institution  
151 licensed pursuant to chapter 368v or any individual provider of health  
152 care licensed pursuant to the provisions of chapters 370 to 373,  
153 inclusive, 375 to 383c, inclusive, or chapter 400j;

154 (B) "Health care services" means acts of diagnosis, treatment,  
155 medical evaluation or advice or such other acts as may be permissible  
156 under the health care licensing statutes of this state;

157 (C) "Damages" means recoverable economic or noneconomic  
158 damages, as defined in section 52-572h; and

159 (D) "Periodic payments" means the payment of money or its  
160 equivalent to the recipient at defined and regular intervals.

161 (2) In any action to recover damages resulting from personal injury  
162 or wrongful death filed on or after the effective date of this section,  
163 whether in tort or contract, arising out of the provision of or the failure  
164 to provide health care services in which the liability of a health care  
165 provider has been admitted or determined by the trier of fact, the court  
166 in which the action is brought shall enter a judgment ordering that  
167 damages awarded be paid by periodic payments rather than by lump  
168 sum payments if the award equals or exceeds two hundred thousand  
169 dollars. In entering a judgment ordering the payment of damages as  
170 periodic payments, the court shall make a specific finding as to the  
171 dollar amount of periodic payments which will compensate the  
172 judgment creditor for such damages. Such order shall comply with all  
173 other relevant provisions of this section. Payment of attorneys fees  
174 shall be in accordance with subsection (c) of this section.

175 Sec. 7. Section 52-192a of the general statutes is repealed and the  
176 following is substituted in lieu thereof (*Effective from passage*):

177 (a) After commencement of any civil action based upon contract or  
178 seeking the recovery of money damages, whether or not other relief is  
179 sought, the plaintiff may, not later than thirty days before trial, file  
180 with the clerk of the court a written "offer of judgment" signed by the  
181 plaintiff or the plaintiff's attorney, directed to the defendant or the  
182 defendant's attorney, offering to settle the claim underlying the action  
183 and to stipulate to a judgment for a sum certain. The plaintiff shall give  
184 notice of the offer of settlement to the defendant's attorney or, if the  
185 defendant is not represented by an attorney, to the defendant himself  
186 or herself. Within sixty days after being notified of the filing of the  
187 "offer of judgment" or within any extension or extensions thereof, not  
188 to exceed a total of one hundred twenty additional days, granted by  
189 the court for good cause shown, and prior to the rendering of a verdict  
190 by the jury or an award by the court, the defendant or the defendant's  
191 attorney may file with the clerk of the court a written "acceptance of  
192 offer of judgment" agreeing to a stipulation for judgment as contained  
193 in plaintiff's "offer of judgment". Upon such filing, the clerk shall enter  
194 judgment immediately on the stipulation. If the "offer of judgment" is  
195 not accepted within [sixty days] the sixty-day period or any extension  
196 thereof, and prior to the rendering of a verdict by the jury or an award  
197 by the court, the "offer of judgment" shall be considered rejected and  
198 not subject to acceptance unless refiled. Any such "offer of judgment"  
199 and any "acceptance of offer of judgment" shall be included by the  
200 clerk in the record of the case.

201 (b) After trial the court shall examine the record to determine  
202 whether the plaintiff made an "offer of judgment" which the defendant  
203 failed to accept. If the court ascertains from the record that the plaintiff  
204 has recovered an amount equal to or greater than the sum certain  
205 stated in the plaintiff's "offer of judgment", the court shall add to the  
206 amount so recovered twelve per cent annual interest on said amount,  
207 [computed from the date such offer was filed in actions commenced

208 before October 1, 1981. In those actions commenced on or after October  
 209 1, 1981, the] with respect to an offer of judgment filed prior to the  
 210 effective date of this section, and interest at an annual rate of four  
 211 percentage points above the weekly average five-year constant  
 212 maturity yield of United States Treasury securities, as published by the  
 213 Board of Governors of the Federal Reserve System, for the calendar  
 214 week preceding the beginning of each year for which interest is owed,  
 215 with respect to an offer of judgment filed on or after the effective date  
 216 of this section. The interest shall be computed from the date the  
 217 complaint in the civil action was filed with the court if the "offer of  
 218 judgment" was filed not later than eighteen months from the filing of  
 219 such complaint. If such offer was filed later than eighteen months from  
 220 the date of filing of the complaint, the interest shall be computed from  
 221 the date the "offer of judgment" was filed. The court may award  
 222 reasonable attorney's fees in an amount not to exceed three hundred  
 223 fifty dollars, and shall render judgment accordingly. This section shall  
 224 not be interpreted to abrogate the contractual rights of any party  
 225 concerning the recovery of attorney's fees in accordance with the  
 226 provisions of any written contract between the parties to the action.

227 Sec. 8. Section 52-194 of the general statutes is repealed and the  
 228 following is substituted in lieu thereof (*Effective from passage and*  
 229 *applicable to actions filed on or after said date*):

230 In any action, the plaintiff may, within ten days after being notified  
 231 by the defendant of the filing of an offer of judgment, file with the  
 232 clerk of the court a written acceptance of the offer signed by [himself or  
 233 his] the plaintiff or the plaintiff's attorney. Upon the filing of the  
 234 written acceptance, the court shall [render judgment against the  
 235 defendant as upon default for the sum so named and for the costs  
 236 accrued at the time of the defendant's giving the plaintiff notice of the  
 237 offer] record the withdrawal of the action against the defendant. No  
 238 trial may be postponed because the period within which the plaintiff  
 239 may accept the offer has not expired, except at the discretion of the  
 240 court.



241 Sec. 9. Section 38a-676 of the general statutes is repealed and the  
242 following is substituted in lieu thereof (*Effective from passage*):

243 (a) With respect to rates pertaining to commercial risk insurance,  
244 and subject to the provisions of subsection (b) of this section with  
245 respect to professional liability insurance described in subsection (b) of  
246 this section and workers' compensation and employers' liability  
247 insurance, on or before the effective date [thereof, every] of such rates,  
248 each admitted insurer shall submit to the Insurance Commissioner for  
249 the commissioner's information, except as to inland marine risks which  
250 by general custom of the business are not written according to manual  
251 rates or rating plans, [every] each manual of classifications, rules and  
252 rates, and [every] each minimum, class rate, rating plan, rating  
253 schedule and rating system and any modification of the foregoing  
254 which it uses. Such submission by a licensed rating organization of  
255 which an insurer is a member or subscriber shall be sufficient  
256 compliance with this section for any insurer maintaining membership  
257 or subscribership in such organization, to the extent that the insurer  
258 uses the manuals, minimums, class rates, rating plans, rating  
259 schedules, rating systems, policy or bond forms of such organization.  
260 The information shall be open to public inspection after its submission.

261 (b) (1) Each filing as described in subsection (a) of this section for  
262 workers' compensation or employers' liability insurance shall be on file  
263 with the Insurance Commissioner for a waiting period of thirty days  
264 before it becomes effective, which period may be extended by the  
265 commissioner for an additional period not to exceed thirty days if the  
266 commissioner gives written notice within such waiting period to the  
267 insurer or rating organization which made the filing that the  
268 commissioner needs such additional time for the consideration of such  
269 filing. Upon written application by such insurer or rating organization,  
270 the commissioner may authorize a filing which the commissioner has  
271 reviewed to become effective before the expiration of the waiting  
272 period or any extension thereof. A filing shall be deemed to meet the  
273 requirements of sections 38a-663 to 38a-696, inclusive, unless

274 disapproved by the commissioner within the waiting period or any  
275 extension thereof. If, within the waiting period or any extension  
276 thereof, the commissioner finds that a filing does not meet the  
277 requirements of said sections, the commissioner shall send to the  
278 insurer or rating organization which made such filing written notice of  
279 disapproval of such filing, specifying therein in what respects the  
280 commissioner finds such filing fails to meet the requirements of said  
281 sections and stating that such filing shall not become effective. Such  
282 finding of the commissioner shall be subject to review as provided in  
283 section 38a-19.

284 (2) (A) Each filing as described in subsection (a) of this section for  
285 professional liability insurance for physicians and surgeons, hospitals,  
286 advanced practice registered nurses or physician assistants shall be  
287 subject to prior rate approval in accordance with this section. On and  
288 after the effective date of this section, each insurer or rating  
289 organization seeking to increase its rates in excess of ten per cent from  
290 the date of the insurer's or rating organization's previous filing period  
291 for such insurance shall (i) file a request for such change with the  
292 Insurance Commissioner, and (ii) send written notice of any request  
293 for an increase in rates to insureds who would be subject to the  
294 increase. Such request shall be filed and such notice, if applicable, shall  
295 be sent at least sixty days prior to the proposed effective date of the  
296 increase. The notice to insureds of a request for an increase in rates  
297 shall indicate that the insured may request a public hearing by  
298 submitting a written request to the Insurance Commissioner not later  
299 than fifteen days after the date of the notice. Any request for an  
300 increase in rates under this subdivision shall be filed after notice is sent  
301 to insureds and shall indicate the date such notice was sent.

302 (B) The Insurance Commissioner shall review the filing and, with  
303 respect to a request for an increase in rates, shall (i) not approve,  
304 modify or deny the request until at least fifteen days after the date of  
305 notice as indicated in the filing, and (ii) hold a public hearing, if  
306 requested, on such increase prior to approving, modifying or denying

307 the request. The Insurance Commissioner shall approve, modify or  
308 deny the filing not later than forty-five days after its receipt. Such  
309 finding of the commissioner shall be subject to review as provided in  
310 section 38a-19.

311 (c) The form of any insurance policy or contract the rates for which  
312 are subject to the provisions of sections 38a-663 to 38a-696, inclusive,  
313 other than fidelity, surety or guaranty bonds, and the form of any  
314 endorsement modifying such insurance policy or contract, shall be  
315 filed with the Insurance Commissioner prior to its issuance. The  
316 commissioner shall adopt regulations, in accordance with the  
317 provisions of chapter 54, establishing a procedure for review of such  
318 policy or contract. If at any time the commissioner finds that any such  
319 policy, contract or endorsement is not in accordance with such  
320 provisions or any other provision of law, the commissioner shall issue  
321 an order disapproving the issuance of such form and stating the  
322 reasons for disapproval. The provisions of section 38a-19 shall apply to  
323 any such order issued by the commissioner.

324 Sec. 10. Section 20-13b of the general statutes is repealed and the  
325 following is substituted in lieu thereof (*Effective from passage*):

326 The Commissioner of Public Health, with advice and assistance  
327 from the board, [may establish such regulations in accordance with  
328 chapter 54] shall establish guidelines as may be necessary to carry out  
329 the provisions of sections 20-13a to 20-13i, inclusive, as amended by  
330 this act. Not later than October 1, 2005, such guidelines shall include,  
331 but need not be limited to: (1) Guidelines for screening complaints  
332 received to determine which complaints will be investigated; (2)  
333 guidelines to provide a basis for prioritizing the order in which  
334 complaints will be investigated; (3) a system for conducting  
335 investigations to ensure prompt action when it appears necessary; (4)  
336 guidelines to determine when an investigation should be broadened  
337 beyond the scope of the initial complaint to include sampling patient  
338 records to identify patterns of care, reviewing office practices and

339 procedures, reviewing performance and discharge data from hospitals  
340 and managed care organizations and conducting additional interviews  
341 of patients; and (5) guidelines to protect and ensure the confidentiality  
342 of patient and provider identifiable information when an investigation  
343 is broadened beyond the scope of the initial complaint.

344       Sec. 11. (NEW) (*Effective from passage*) Not later than October 1, 2005,  
345 the Connecticut Medical Examining Board, with the assistance of the  
346 Department of Public Health, shall adopt guidelines for use in the  
347 disciplinary process. Such guidelines shall include, but need not be  
348 limited to: (1) Identification of each type of violation; (2) a range of  
349 penalties for each type of violation; (3) additional optional conditions  
350 that may be imposed by the board for each violation; (4) identification  
351 of factors the board shall consider in determining what penalty should  
352 apply; (5) conditions, such as mitigating factors or other facts, that may  
353 be considered in allowing deviations from the guidelines; and (6) a  
354 provision that when a deviation from the guidelines occurs, the reason  
355 for the deviation shall be identified.

356       Sec. 12. (NEW) (*Effective from passage*) (a) Each health care facility  
357 shall develop protocols for accurate identification procedures that shall  
358 be used by hospitals and outpatient surgical facilities prior to surgery.  
359 Such protocols shall include, but need not be limited to, (1) procedures  
360 to be followed to identify the (A) patient, (B) surgical procedure to be  
361 performed, and (C) body part on which the surgical procedure is to be  
362 performed, and (2) alternative identification procedures in urgent or  
363 emergency circumstances or where the patient is nonspeaking,  
364 comatose or incompetent or is a child. After October 1, 2005, no  
365 hospital or outpatient surgical facility may anesthetize a patient or  
366 perform surgery unless the protocols have been followed. Each health  
367 care facility shall make a copy of the protocols available to the  
368 Commissioner of Public Health upon request.

369       (b) Not later than October 1, 2005, the Department of Public Health  
370 shall report, in accordance with section 11-4a of the general statutes, to

371 the joint standing committee of the General Assembly having  
372 cognizance of matters relating to public health describing the protocols  
373 developed pursuant to subsection (a) of this section.

374 Sec. 13. (NEW) (*Effective from passage*) (a) As used in this section,  
375 "noneconomic damages" has the meaning set forth in section 52-572h  
376 of the general statutes.

377 (b) Not later than July 1, 2008, the Insurance Commissioner shall  
378 examine professional liability insurance rates in this state for  
379 physicians and surgeons, hospitals, advanced practice registered  
380 nurses and physician assistants to determine whether such rates have  
381 decreased in excess of fifteen per cent from October 1, 2005. If the  
382 commissioner determines that such rates have not decreased in excess  
383 of fifteen per cent, the commissioner shall convene a working group to  
384 determine the appropriate revisions to section 52-572h of the general  
385 statutes to establish caps on noneconomic damages awards.

386 Sec. 14. Section 38a-8 of the general statutes is amended by adding  
387 subsection (g) as follows (*Effective from passage*):

388 (NEW) (g) Not later than October 1, 2005, the Insurance  
389 Commissioner shall develop a plan to maintain a viable professional  
390 liability insurance industry in this state for physicians and surgeons,  
391 hospitals, advanced practice registered nurses and physician  
392 assistants. Such plan shall be submitted to the Governor upon its  
393 completion.

394 Sec. 15. Section 19a-88b of the general statutes is repealed and the  
395 following is substituted in lieu thereof (*Effective October 1, 2005*):

396 (a) (1) Notwithstanding section 19a-14 or any other provisions of the  
397 general statutes relating to continuing education or refresher training,  
398 the Department of Public Health shall renew a license, certificate,  
399 permit or registration issued to an individual pursuant to chapters  
400 368d, 368v, [370] 371 to 388, inclusive, 393a, 395, 398, 399, 400a and

401 400c [which] that becomes void pursuant to section 19a-88 or 19a-195b  
 402 while the holder [thereof] of the license, certificate, permit or  
 403 registration is on active duty in the armed forces of the United States,  
 404 [within] not later than six months from the date of discharge from  
 405 active duty, upon completion of any continuing education or refresher  
 406 training required to renew a license, certificate, registration or permit  
 407 [which] that has not become void pursuant to section 19a-88 or 19a-  
 408 195b. A licensee applying for license renewal pursuant to this section  
 409 shall submit an application on a form prescribed by the department  
 410 and other such documentation as may be required by the department.

411 (2) Notwithstanding section 19a-14 or any other provisions of the  
 412 general statutes relating to continuing education, the Department of  
 413 Public Health shall renew a license issued to an individual pursuant to  
 414 chapter 370 that becomes void pursuant to section 19a-88 while the  
 415 holder of the license is on active duty in the armed forces of the United  
 416 States, not later than one year from the date of discharge from active  
 417 duty, upon completion of twenty-five contact hours of continuing  
 418 education that meet the criteria set forth in subsection (b) of section 20  
 419 of this act. A licensee applying for license renewal pursuant to this  
 420 subdivision shall submit an application on a form prescribed by the  
 421 department and other such documentation as may be required by the  
 422 department.

423 (b) The provisions of this section [shall] do not apply to reservists or  
 424 National Guard members on active duty for annual training that is a  
 425 regularly scheduled obligation for reservists or members of the  
 426 National Guard for training [which] that is not a part of mobilization.

427 (c) No license shall be issued under this section to any applicant  
 428 against whom professional disciplinary action is pending or who is the  
 429 subject of an unresolved complaint.

430 Sec. 16. Section 20-13c of the general statutes is repealed and the  
 431 following is substituted in lieu thereof (*Effective October 1, 2005*):

432 The board is authorized to restrict, suspend or revoke the license or  
 433 limit the right to practice of a physician or take any other action in  
 434 accordance with section 19a-17, for any of the following reasons: (1)  
 435 Physical illness or loss of motor skill, including, but not limited to,  
 436 deterioration through the aging process; (2) emotional disorder or  
 437 mental illness; (3) abuse or excessive use of drugs, including alcohol,  
 438 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in  
 439 the practice of medicine; (5) possession, use, prescription for use, or  
 440 distribution of controlled substances or legend drugs, except for  
 441 therapeutic or other medically proper purposes; (6) misrepresentation  
 442 or concealment of a material fact in the obtaining or reinstatement of a  
 443 license to practice medicine; (7) failure to adequately supervise a  
 444 physician assistant; (8) failure to fulfill any obligation resulting from  
 445 participation in the National Health Service Corps; (9) failure to  
 446 maintain professional liability insurance or other indemnity against  
 447 liability for professional malpractice as provided in subsection (a) of  
 448 section 20-11b; (10) failure to provide information requested by the  
 449 department for purposes of completing a health care provider profile,  
 450 as required by section 20-13j, as amended by this act; (11) engaging in  
 451 any activity for which accreditation is required under section 19a-690  
 452 or 19a-691 without the appropriate accreditation required by section  
 453 19a-690 or 19a-691; (12) failure to provide evidence of accreditation  
 454 required under section 19a-690 or 19a-691 as requested by the  
 455 department pursuant to section 19a-690 or 19a-691; (13) failure to  
 456 comply with the continuing medical education requirements set forth  
 457 in section 19 of this act; or ~~[(13)]~~ (14) violation of any provision of this  
 458 chapter or any regulation established hereunder. In each case, the  
 459 board shall consider whether the physician poses a threat, in the  
 460 practice of medicine, to the health and safety of any person. If the  
 461 board finds that the physician poses such a threat, the board shall  
 462 include such finding in its final decision and act to suspend or revoke  
 463 the license of said physician.

464 Sec. 17. Subsection (b) of section 20-13j of the general statutes is  
 465 repealed and the following is substituted in lieu thereof (*Effective*

466     *October 1, 2005*);

467         (b) The department, after consultation with the Connecticut Medical  
468     Examining Board and the Connecticut State Medical Society shall  
469     collect the following information to create an individual profile on  
470     each physician for dissemination to the public:

471         (1) The name of the medical school attended by the physician and  
472     the date of graduation;

473         (2) The site, training, discipline and inclusive dates of the  
474     physician's postgraduate medical education required pursuant to the  
475     applicable licensure section of the general statutes;

476         (3) The area of the physician's practice specialty;

477         (4) The address of the physician's primary practice location or  
478     primary practice locations, if more than one;

479         (5) A list of languages, other than English, spoken at the physician's  
480     primary practice locations;

481         (6) An indication of any disciplinary action taken against the  
482     physician by the department, [or by] the state board or any  
483     professional licensing or disciplinary body in another jurisdiction;

484         (7) Any current certifications issued to the physician by a specialty  
485     board of the American Board of Medical Specialties;

486         (8) The hospitals and nursing homes at which the physician has  
487     admitting privileges;

488         (9) Any appointments of the physician to Connecticut medical  
489     school faculties and an indication as to whether the physician has  
490     current responsibility for graduate medical education;

491         (10) A listing of the physician's publications in peer reviewed  
492     literature;



493 (11) A listing of the physician's professional services, activities and  
494 awards;

495 (12) Any hospital disciplinary actions against the physician that  
496 resulted, within the past ten years, in the termination or revocation of  
497 the physician's hospital privileges for a medical disciplinary cause or  
498 reason, or the resignation from, or nonrenewal of, medical staff  
499 membership or the restriction of privileges at a hospital taken in lieu of  
500 or in settlement of a pending disciplinary case related to medical  
501 competence in such hospital;

502 (13) A description of any criminal conviction of the physician for a  
503 felony within the last ten years. For the purposes of this subdivision, a  
504 physician shall be deemed to be convicted of a felony if the physician  
505 pleaded guilty or was found or adjudged guilty by a court of  
506 competent jurisdiction or has been convicted of a felony by the entry of  
507 a plea of nolo contendere; [and]

508 (14) To the extent available, and consistent with the provisions of  
509 subsection (c) of this section, all medical malpractice court judgments  
510 and all medical malpractice arbitration awards against the physician in  
511 which a payment was awarded to a complaining party during the last  
512 ten years, and all settlements of medical malpractice claims against the  
513 physician in which a payment was made to a complaining party  
514 within the last ten years;

515 (15) An indication as to whether the physician has current  
516 responsibility for providing direct patient care services; and

517 (16) The name of the physician's professional liability insurance  
518 carrier and the policy number.

519 Sec. 18. Subsection (k) of section 20-13j of the general statutes is  
520 repealed and the following is substituted in lieu thereof (*Effective*  
521 *October 1, 2005*):

522 (k) A physician shall notify the department of any changes to the

523 information required in [subdivisions (3), (4), (5), (7), (8) and (13) of]  
524 subsection (b) of this section, as amended by this act, not later than  
525 sixty days after such change.

526 Sec. 19. (NEW) (*Effective October 1, 2005*) (a) As used in this section:

527 (1) "Active professional practice" includes, but is not limited to,  
528 activities of a currently licensed physician who functions as the  
529 medical director of a managed care organization or other organization;

530 (2) "Commissioner" means the Commissioner of Public Health;

531 (3) "Contact hour" means a minimum of fifty minutes of continuing  
532 education activity;

533 (4) "Department" means the Department of Public Health;

534 (5) "Licensee" means any person who receives a license from the  
535 department pursuant to section 20-13 of the general statutes; and

536 (6) "Registration period" means the one-year period for which a  
537 license has been renewed in accordance with section 19a-88 of the  
538 general statutes and is current and valid.

539 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
540 this section, for registration periods beginning on and after October 1,  
541 2007, the department shall not renew a license for any licensee  
542 applying for license renewal pursuant to section 19a-88 of the general  
543 statutes, unless the licensee has earned a minimum of fifty contact  
544 hours of continuing medical education within the preceding twenty-  
545 four-month period. Such continuing medical education shall (1) be in  
546 an area of the physician's practice specialty; (2) reflect the professional  
547 needs of the licensee in order to meet the health care needs of the  
548 public; and (3) include at least one contact hour of training or  
549 education in infectious diseases, including, but not limited to, acquired  
550 immune deficiency syndrome and human immunodeficiency virus,  
551 and risk management, sexual assault and domestic violence. For

552 purposes of this section, qualifying continuing medical education  
553 activities include, but are not limited to, courses offered or approved  
554 by the American Medical Association, American Osteopathic Medical  
555 Association, Connecticut Hospital Association or the Connecticut State  
556 Medical Society, county medical societies or equivalent organizations  
557 in another jurisdiction, educational offerings sponsored by a hospital  
558 or other health care institution or courses offered by a regionally  
559 accredited academic institution.

560 (c) Each licensee applying for license renewal pursuant to section  
561 19a-88 of the general statutes shall sign a statement attesting that the  
562 licensee has satisfied the continuing education requirements of  
563 subsection (a) of this section on a form prescribed by the department.  
564 Each licensee shall retain records of attendance or certificates of  
565 completion that demonstrate compliance with the continuing  
566 education requirements of said subsection (a) for a minimum of three  
567 years following the year in which the continuing education activities  
568 were completed and shall submit such records to the department for  
569 inspection not later than forty-five days after a request by the  
570 department for such records.

571 (d) A licensee applying for the first time for license renewal  
572 pursuant to section 19a-88 of the general statutes is exempt from the  
573 continuing medical education requirements of this section.

574 (e) (1) A licensee who is not engaged in active professional practice  
575 in any form during a registration period shall be exempt from the  
576 continuing medical education requirements of this section, provided  
577 the licensee submits to the department, prior to the expiration of the  
578 registration period, a notarized application for exemption on a form  
579 prescribed by the department and such other documentation as may  
580 be required by the department. The application for exemption  
581 pursuant to this subdivision shall contain a statement that the licensee  
582 may not engage in professional practice until the licensee has met the  
583 requirements set forth in subdivision (2) or (3) of this subsection, as

584 appropriate.

585 (2) Any licensee who is exempt from the provisions of subsection (b)  
586 of this section for less than two years shall be required to complete  
587 twenty-five contact hours of continuing medical education that meets  
588 the criteria set forth in said subsection (b) within the twelve-month  
589 period immediately preceding the licensee's return to active  
590 professional practice.

591 (3) Any licensee who is exempt from the requirements of subsection  
592 (b) of this section for two or more years shall be required to  
593 successfully complete the Special Purpose Examination of the  
594 Federation of State Medical Boards prior to returning to active  
595 professional practice.

596 (f) In individual cases involving medical disability or illness, the  
597 commissioner may, in the commissioner's discretion, grant a waiver of  
598 the continuing education requirements or an extension of time within  
599 which to fulfill the continuing education requirements of this section to  
600 any licensee, provided the licensee submits to the department an  
601 application for waiver or extension of time on a form prescribed by the  
602 department, along with a certification by a licensed physician of the  
603 disability or illness and such other documentation as may be required  
604 by the commissioner. The commissioner may grant a waiver or  
605 extension for a period not to exceed one registration period, except that  
606 the commissioner may grant additional waivers or extensions if the  
607 medical disability or illness upon which a waiver or extension is  
608 granted continues beyond the period of the waiver or extension and  
609 the licensee applies for an additional waiver or extension.

610 (g) The department shall renew a license issued to any licensee that  
611 becomes void pursuant to section 19a-88 of the general statutes,  
612 provided the licensee (1) applies to the commissioner for  
613 reinstatement, and (2) submits evidence documenting successful  
614 completion of twenty-five contact hours of continuing education  
615 within the one-year period immediately preceding application for

616 reinstatement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage and applicable to actions filed on or after said date</i>	52-190a
Sec. 4	<i>from passage and applicable to actions filed on or after said date</i>	New section
Sec. 5	<i>from passage</i>	52-225d(a)
Sec. 6	<i>from passage</i>	52-225d
Sec. 7	<i>from passage</i>	52-192a
Sec. 8	<i>from passage and applicable to actions filed on or after said date</i>	52-194
Sec. 9	<i>from passage</i>	38a-676
Sec. 10	<i>from passage</i>	20-13b
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	New section
Sec. 13	<i>from passage</i>	New section
Sec. 14	<i>from passage</i>	38a-8
Sec. 15	<i>October 1, 2005</i>	19a-88b
Sec. 16	<i>October 1, 2005</i>	20-13c
Sec. 17	<i>October 1, 2005</i>	20-13j(b)
Sec. 18	<i>October 1, 2005</i>	20-13j(k)
Sec. 19	<i>October 1, 2005</i>	New section

**Statement of Purpose:**

To reform certain laws governing medical malpractice.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*